

REGIONAL AMBASSADOR AWARD NOMINATION FORM

INSTRUCTIONS:

Use this form to nominate a NAME member for Regional Ambassador. Please see the form for qualifications. After you have filled out the form, please send it to the appropriate Regional Coordinator by March 1.

Regional Coordinators: After you have selected your nominee, use this form to forward your region's choice on to the President of the NAME Board of Directors by May 1.

Hints on using Adobe Acrobat Reader:

For those of you with Version 7 or later of Adobe Acrobat Reader, instead of printing the form and then filling it out by hand, you may use the typewriter tool in Reader to type your information on the form. To do this, click on the typewriter tool, place your mouse cursor on the line or in the blank area and type your information.

When you move your cursor to a new area, click the typewrite tool again to begin typing. When you are finished, print the form and send it to the appropriate person.

**You do not need to print or send this page.
It is for informational purposes only.**

REGIONAL AMBASSADOR AWARD FORM

The Regional Ambassador Award is given to one member within each Region for outstanding efforts in promoting NAME and the public awareness of miniatures and the miniature hobby.

Use this form for making your nomination or a letter of recommendation may be sent to the Regional Coordinator. The resume may be prepared by the nominee or by another member in good standing of NAME. The Selection Committee appointed by the Regional Coordinator will make their choice from the nominees. The name and resume of the recipient of the Award shall be sent to the President of the NAME Board of Trustees by **May 1** of each year.

Region_____

Nomination for the Award_____

Address of Nominee_____

Telephone No._____ E-mail address_____

I feel this person deserves such an honor because_____

- He/she has been a strong support of NAME as shown by the following:

- He/she has been a strong and effective member/leader as shown by the creation and/or completion of the following programs:

- He/she served NAME in the following ways:

Please use additional pages, if necessary.

Recommendation by_____

Address_____

Telephone No._____ E-mail address_____

Return this form to Regional Coordinator for your Region by **March 1** of each year.

August, 2003